

1 IN THE UNITED STATES DISTRICT COURT
2 FOR THE WESTERN DISTRICT OF OKLAHOMA

3 (1) PATRICIA THOMPSON, as)
4 Personal Representative of the)
Estate of MARCONIA LYNN)
5 KESSEE,)
6 Plaintiff,)
7 -vs-) No. CIV-19-113-SLP
8 (1) NORMAN REGIONAL HOSPITAL)
AUTHORITY d/b/a NORMAN)
9 REGIONAL HOSPITAL, a public)
trust, et al.,)
10 Defendants.)
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14 VIDEOCONFERENCE DEPOSITION OF WILLIAM COOPER, D.O.
15 TAKEN ON BEHALF OF THE PLAINTIFF
16 IN OKLAHOMA CITY, OKLAHOMA
17 ON FEBRUARY 8, 2021
18 COMMENCING AT 9:04 A.M.

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25 REPORTED BY: BETH A. MCGINLEY, CSR, RPR, RMR



1 through that with you.

2 A Okay.

3 Q That's a good point.

4 Now, with respect to LPNs, during that
5 interview process at Turn Key, it doesn't matter if
6 they're able to assess a medical condition or not; true?

7 A True.

8 Q What is the role of an LPN in the jail setting
9 like the Cleveland County Detention Center?

10 A Their job is to assist in an assessment. The
11 assessment takes place by an RN or higher, but their job
12 is to assist Cle- -- they fill out forms,
13 questionnaires, do vital signs.

14 Q Okay. Well, like, in a situation where an LPN
15 is the only medical staff on -- on duty, how does an
16 inmate get care if they're having an issue and the LPN
17 can't assess it?

18 A Well, they're not the only ones on duty.
19 We're always on call, so they have access to an RN or a
20 nurse practitioner or a physician at all times.

21 Q Okay. So I guess the question is, is: If an
22 LPN doesn't understand the medical condition, how is it
23 that they can call for help?

24 A Use the telephone.

25 Q Well, but if they don't understand it, they

1 don't even know there is a medical condition because
2 they can't assess it, how are they supposed to then
3 reach out for somebody that is qualified?

4 MR. YOUNG: Object to the form.

5 A I guess they probably wouldn't know they
6 needed to.

7 Q (By Mr. Hammons) Right. If we go to -- back
8 to Exhibit 5, sir, that -- you've got it right there.
9 It's that one, yeah. It's the policy and procedure.
10 We're going to go to -- I believe it's Page 4. Now, if
11 you'll flip back to 3. I'm sorry, I want to make sure
12 we know what section we're in.

13 On Page 3, this is still under the orientation
14 and -- for -- orientation for health staff. Section 2
15 says, "Health services orientation program will include,
16 but not limited to the following issues." And there's a
17 number of issues listed on Page 3.

18 We're going to flip to Page 4. And this
19 one -- the top of it starts with "F", "Healthcare
20 Systems." Do you see that, sir?

21 A Yes.

22 Q Okay. I'm interested in nursing protocols.
23 What are nursing protocols?

24 A They're a protocol that's written so that the
25 nurses can address minor complaints.

1 in Clayton Rickert's position on January 16, 2018, it
2 would have been an important skill set for that
3 individual to be qualified to know the signs and
4 symptoms of drug overdose?

5 A Yes.

6 Q Okay. And to know and recognize the signs of
7 detox; true?

8 A True.

9 Q Did -- when you were reading Clayton Rickert's
10 deposition, did it surprise you that he said he was not
11 qualified to make those determinations?

12 A No.

13 Q I'm sorry?

14 A No.

15 Q Okay. It did not surprise you that he was not
16 qualified?

17 A To assess. He's not qualified to assess.

18 Q Okay. Page 72 of his deposition, I'd asked
19 him a question: "You would consider yourself not
20 qualified to make a decision whether somebody was
21 experiencing a drug overdose or not?" And there was an
22 objection.

23 And then he said -- or, no, there wasn't an
24 objection, just words. And his answer was: "I'm not
25 qualified."

1 Isn't it important for him to be qualified to
2 know the signs and symptoms of drug overdose in his job?

3 MR. YOUNG: Object to the form.

4 A Yes.

5 Q (By Mr. Hammons) Especially when somebody is
6 having a drug overdose; true?

7 A True.

8 MR. YOUNG: Object to the form.

9 A True.

10 Q (By Mr. Hammons) Go to Page 11. It's entitled
11 "Privacy." This is a policy discussing -- well, tell
12 me -- tell me what this policy is about.

13 A It's about patient privacy.

14 Q Okay. And it's important to give inmates an
15 opportunity to communicate with the health provider at
16 the Cleveland County Detention Center; true?

17 A True.

18 Q And you can correct me if I'm wrong, but I
19 take it as this is an opportunity for an inmate to have
20 an unencumbered, open discussion with healthcare
21 providers to answer their questions concerning any
22 medical needs; true?

23 A True.

24 Q Okay. Is there any training of Turn Key's
25 medical staff about the mindset -- when they go in to do

1 Q Okay. And -- such as "seizures,
2 detoxification monitoring, alcohol intoxication, or
3 possible drug withdrawal." Do you see those?

4 A Yes.

5 Q Okay. How is it when Clayton Rickert is on
6 call -- how is an inmate supposed to be put in medical
7 observation if Clayton Rickert doesn't know the signs
8 and symptoms of some of those?

9 A He would need to call his superior.

10 Q Well, if he doesn't know to -- what they are,
11 how could he possibly know there's a problem?

12 A Well, if they're on this list or some other
13 concerning thing, then he would call.

14 Q Well, you see -- you see the problem here is
15 if -- if Clayton Rickert doesn't know somebody has signs
16 of drug overdose because he doesn't know them, and he
17 reads: "Drug overdose or drug withdrawal," on your
18 sheet, but he doesn't know it's a drug overdose --

19 A Uh-huh.

20 Q -- because he doesn't know, it would be
21 impossible for him to reach out to, say, you, and get
22 help; true?

23 A True.

24 MR. YOUNG: Object to the form.

25 Q (By Mr. Hammons) And you -- I mean, you -- you

1 was just a -- a day or two later that he was told he
2 wasn't welcome back at Cleveland County; is that
3 accurate?

4 A That sounds correct, yes.

5 Q Okay. Now, in Exhibit 8, it says, "Inmate" --
6 or "Intake" -- "On arrival into intake, inmate was able
7 to stand without assistance and able to follow
8 instructions."

9 That's not what's shown in the video, is it?

10 A No.

11 Q Marconia was not able to stand, he's actually
12 carried in; true?

13 A He was carried in, yes.

14 Q All right. He was actually -- "Follow
15 instructions when asked to sit on the bench," that's not
16 accurate, is it?

17 A No.

18 MR. YOUNG: Object to the form.

19 A No.

20 Q (By Mr. Hammons) He was actually carried in
21 and then set on the bench and told to sit his ass down
22 there; true?

23 A True.

24 Q Okay. Now, in the note that you read, that
25 Clayton Rickert drafted, did he ever, in that note,

1 state that he had taken a blood pressure and done an
2 intake?

3 A No.

4 Q Okay. Now, you've read his deposition.
5 You're aware that Brandi Garner, a detention officer,
6 has stated, in an official report, that Clayton Rickert
7 told her he had taken a blood pressure and done an
8 intake on Marconia Kessee. Were you aware of that?

9 A I remember that being in the deposition.

10 Q Okay. And there's nothing to indicate that
11 that is -- that actually occurred; true?

12 A True.

13 Q Okay.

14 MR. LAFFERRANDRE: Form.

15 Q (By Mr. Hammons) Now, a --

16 MR. HAMMONS: Sorry. I think we missed
17 something.

18 MR. LAFFERRANDRE: Object to the form.

19 MR. HAMMONS: Okay. That was Robert.

20 Q (By Mr. Hammons) I'm -- well, let me -- we've
21 talked about it. I'll just go ahead and make it part of
22 the record.

23 I'll hand you Exhibit 9. I actually -- this
24 isn't Batesed because, quite frankly, when -- I had to
25 dig through all of our stuff. I'm not even sure where I

1 understanding of the situation."

2 Do you see that?

3 A Yes.

4 Q Okay. Now, "LPN Rickerts stated that he
5 performed his intake and the only notable issue Inmate
6 Kessee had was slightly high blood pressure." Do you
7 see that?

8 A I do.

9 Q Okay. Anything that you've reviewed at the
10 time, or anytime since, shown that an intake was
11 actually done and that Marconia had high blood pressure?

12 MR. YOUNG: Object to the form.

13 A No.

14 Q (By Mr. Hammons) Okay. Now, with the --
15 Marconia, in the video, is sweating; true?

16 A True.

17 Q He's breathing heavily; true?

18 A True.

19 Q Talking incoherently; true?

20 A True.

21 Q Okay. If he did have high blood pressure,
22 would that also cause concerns, all four of those
23 situations put together?

24 MR. YOUNG: Object to the form.

25 A Yes.

1 Q (By Mr. Hammons) What about the fact that he
2 was -- they had to carry him into the situation, meaning
3 he wasn't walking? Does that also play a role in your
4 determination whether there's something wrong with him?

5 MR. YOUNG: Object to the form. Hang on,
6 don't answer that.

7 You're getting into expert opinions now and
8 you need to couch it from Turn Key's corporate
9 representative, when you're talking about what's -- what
10 was appropriate and what was not.

11 MR. HAMMONS: So you're instructing him not to
12 answer the question?

13 MR. YOUNG: I'm asking you to rephrase it so
14 that it's not couched from the position of an expert
15 opinion.

16 MR. HAMMONS: Okay, I can do that. Fair
17 enough.

18 Q (By Mr. Hammons) Based on the training that's
19 contained in the policies and procedures and the
20 training contained in Exhibit 6, given to Clayton
21 Rickerts, sweating, heavy breathing, slurred speech,
22 high blood pressure, unable to walk, does that indicate
23 anything, based on the policies, procedures and training
24 of Turn Key?

25 A Yes.

1 Q What is it?

2 A That there's --

3 Q What could it be?

4 A That there's a medical problem.

5 Q All right. You can set that aside there, sir.

6 If we go back to Exhibit 5, sir, we're going
7 to go to Page 43. Now, this, on Page 43, is the suicide
8 prevention program for Turn Key Health; true?

9 A Correct.

10 Q Okay. Now, with respect to critical
11 observation, is critical observation addressed in Turn
12 Key's policies and procedures?

13 A We don't call it critical observation. We
14 call it suicide watch.

15 Q Okay, fair enough. And it seems to me, from
16 reading the Cleveland County Detention Center's
17 policies, is that if you're on critical observation and
18 given a suicide smock, it is essentially suicide watch.
19 Is that your understanding?

20 A Yes, it is.

21 Q Okay. Now, if we go to Page 44 of Exhibit 5,
22 down -- No. -- No. 4, this is still under the suicide
23 prevention program, under "Housing," do you see that?

24 A Yes.

25 Q It says, "House staff will follow the